

NOTE: The following factsheets provide national and State perspectives on the cost of heart disease and stroke. They illustrate the economic burden of these diseases with a focus on how monies could be saved and reallocated to other State priorities if the cost of heart disease and stroke were reduced by 50 percent through prevention programs.

***Because the factsheets have few hard numbers, they will require your State's input.** And while we've tried to list your State's particular needs and priorities, we've also noted national concerns that your State may want to address. You will want to decide what priorities to include and the amount of funds that need to be spent addressing those priorities. Blank spaces have been provided for this task. If your State wants to include other examples that are more relevant to current issues, feel free to do so.*

The Cost of Heart Disease and Stroke

The Economic Impact of Heart Disease and Stroke in the United States

Deaths and disabilities from heart disease and stroke in 1998 cost the nation \$286.5 billion. This cost, which includes lost productivity as well as health expenditures, has a profound impact on the Nation's health care system. Not only does this cost promise to increase as baby boomers age and the community of people living with heart disease and stroke continues to expand, but all the costs associated with delaying death from heart disease or stroke (including fees for physicians and other professionals, hospitals and nursing homes, and the cost of expensive medications, home health, and other medical durables) will compound the economic burden. While medicines and treatments are effective, they are expensive; it would be more cost-effective to prevent the diseases in the first place.

We All Pay for Heart Disease and Stroke

The cost of heart disease and stroke impacts not only the person or persons who are disabled by or die from these conditions but all Americans. Heart disease and stroke costs every American in terms of soaring health care costs and the high price of health and life insurance. We pay taxes to care for those affected individuals who are covered by Medicare and Medicaid. The more people we lose to heart disease and stroke, the more our State suffers in terms of lost productivity, lost income and, therefore, lost taxes that could fund some of the State's priorities, including **(include what is relevant to your state here)** repairing, renovating, and building schools; improving education; constructing and repairing roads; creating more efficient transportation; and providing access to health care for all residents.

Medicare Hospital Expenses for Heart Disease and Stroke

In 1995, \$24.6 billion in payments were made to Medicare beneficiaries for hospital expenses due to heart disease and stroke. That averaged out to \$7,255 per discharge and represented nearly 33 percent of all hospitalization expenditures. Medicare

beneficiaries whose stays due to heart disease and stroke involved a surgical procedure received \$16.4 billion in payments. That amounted to \$11,746 per discharge.

The Cost of Living With Heart Disease or Stroke

Some 58,800,000 people live with some form of heart disease or stroke. Treating heart disease is expensive as is the care required for someone who has had a stroke. For example, a person with heart disease is burdened by huge expenses, including diagnostic tests, surgery, hospital and doctors' visits, physical therapy, and costly drugs. A conservative estimate of these costs for just one person is \$121,200 over 20 years. For those needing surgery or procedures and ongoing care, the cost can be more than \$4.8 million over a lifetime.

The estimated lifetime cost incurred by an older individual living with stroke is \$100,000. The estimated lifetime cost of a severe stroke in a younger individual is \$500,000.

The Cost of Medical Procedures Nationwide

- From 1979 to 1996, the number of operations and procedures due to heart disease increased 355 percent.
- In 1994, 688,000 outpatient surgical procedures were performed on the cardiovascular system.
- In 1996, approximately 1,241,000 inpatient cardiac catheterizations and 472,000 outpatient surgical procedures for cardiac catheterizations were performed. The average cost of a cardiac catheterization in 1992 was \$10,880.
- An estimated 598,000 coronary artery bypasses were performed on 367,000 patients in 1996.
- From 1979 to 1996, the number of bypass procedures increased 424.6 percent.
- The average cost of coronary artery bypass surgery in 1995 was \$44,820.
- In 1997, 2,290 heart transplants were performed in the United States.
- Each year, approximately 16,000 Americans, age 55 or younger, need a heart transplant. This figure rises to about 40,000 for people age 65 or younger.
- In 1996, the estimated first-year cost for a heart transplant was \$253,200. The estimated annual followup cost was more than \$21,200.
- Some 482,000 percutaneous transluminal coronary angioplasty procedures were performed in 1996. Between 1987 and 1996, these procedures increased by 211 percent.
- The average cost of a coronary angioplasty in 1995 was more than \$20,000.

Sources: American Heart Association; Health Care Financing Administration (HCFA), United Network for Organ Sharing.

The Cost of Heart Disease and Stroke in New York

Heart disease and stroke cost New York nearly \$9 billion a year!

Although this 1994 figure is striking, costs are higher today as the community of people living with heart disease and stroke continues to grow. The amount cited above takes into account direct costs (medical expenditures) and indirect costs (lost productivity).

In 1997, more than 380,000 New Yorkers were hospitalized for heart disease. The cost? \$5.8 billion! **For each patient, that's an average expense of \$202,475.**

What New York Can Buy by Preventing Heart Disease and Stroke

If New York were to cut in half the costs related to heart disease and stroke by preventing these diseases in the population by 50 percent, the State could save approximately \$4.5 billion. That money could be spent on a number of State priorities such as improving education and school facilities, expanding access for all New Yorkers to health care, and training emergency medical technicians (EMTs).

Specifically, this is what New York could do with its savings:

- Renovate (*insert number*) schools across the State
- Pay the salaries of (*insert number*) more teachers
- Install (*insert number*) computers in (*insert number*) schools
- Pay for the training of (*insert number*) EMTs
- Provide access to health care for all currently uninsured New Yorkers
- Pay \$12,000 to buy a town of (*insert number*) population a playground, picnic area, basketball court, walkways, and a ball field
- Pay \$2,500 to build two walking trails on (*insert number*) school grounds
- Pay \$2,500 to fund a health and wellness event for 150 senior citizens, providing them with information on healthy eating, safe physical activity, blood pressure screenings, and administration of flu and pneumococcal vaccines.

*Sources: National Center for Health Statistics, CDC; Vital Statistics, the New York Department of Health; the American Heart Association.